990-EZ

Short Form Return of Organization Exempt From Income Tax

2017

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning , 2017, and ending . 20 B Check if applicable C Name of organization D Employer identification number Address change Solar Rights Alliance 811203907 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 455 Capitol Mall 600 916-382-7360 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Sacramento, CA 95814 Number ▶ Application pending H Check ► If the organization is not Website: ▶ www.solarrights.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF) ☐ Trust ☐ Association ✓ Other Unincorporated Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. 0 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 0 2 Program service revenue including government fees and contracts 2 0 3 Membership dues and assessments . . . 3 0 4 Investment income 4 0 SCANNELPHY 0 2018 5a Gross amount from sale of assets other than inventory 5a ٠Ţ) Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 0 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 0 Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . 6b 0 Less: direct expenses from gaming and fundraising events . . . 0 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 Gross sales of inventory, less returns and allowances. 7a 0 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 0 R Other revenue (describe in Schedule O) 8 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 0 10 Grants and similar amounts paid (list in Schedule O) 10 0 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits 12 0 Professional fees and other payments to independent ontractors () 1. 2018 13 13 0 14 Occupancy, rent, utilities, and maintenance . . 14 0 15 Printing, publications, postage, and shipping . 15 0 16 Other expenses (describe in Schedule O) . . . 16 0 17 Total expenses. Add lines 10 through 16 . 17 0 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . 18 0 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 0 Net 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 0 Net assets or fund balances at end of year. Combine lines 18 through 20 21

Cat No 10642I



Form 990-EZ (2017)

Dο	t II Balance Sheets (see the instructions f	or Port III				<u>_</u> _	
r e	Check if the organization used Schedule		v augstion in this	Dort II			
	Crieck in the organization used Schedule	O to respond to an	y question in this	(A) Beginning of year	$\dot{\Box}$	(B) End of year	
22	Cook sevings and investments		-		22	0	
22	Cash, savings, and investments				+ +		
23	Land and buildings		· · · · ·		+		
24	•		+		1 1	1 X0	
25	Total liabilities (describe in Sabadula O)		+		+ +		
26	Total liabilities (describe in Schedule O)	(D)		0	+ +	0	
27	Net assets or fund balances (line 27 of column				21	<u>u</u>	
Par	t III Statement of Program Service Accom	•		•	l	Expenses	
4.0	Check if the organization used Schedule		ly question in this	Part III 🔽	(Re	quired for section	
wna	t is the organization's primary exempt purpose?	See Schedule O			501	(c)(3) and 501(c)(4)	
	ribe the organization's program service accomplis				, -	anizations, optional for	
	neasured by expenses. In a clear and concise m		services provided	, the number of	Otne	ers)	
	ons benefited, and other relevant information for ea						
28	Provided supporters with periodic updates on actua				l		
	affect their solar energy systems, including Time of	Use rate changes and	battery storage inco	entives.			
					1		
	(Grants \$) If this amount	includes foreign gra	nts, check here .	<u> ▶ ∐</u>	28	0	
29]		
					1		
		·			ł		
	(Grants \$) If this amount	includes foreign gra	nts, check here .	<u> ▶ ∐</u>	29 a	0	
30							
	***************************************				Ì		
		ıncludes foreign gra	nts, check here .	<u> ▶ □</u>	30a	0	
31	Other program services (describe in Schedule O)				İ		
		includes foreign gra	nts, check here .	<u> ▶ □</u>	31a	0	
32	Total program service expenses (add lines 28a t		<u> </u>		32		
Par	List of Officers, Directors, Trustees, and Key	/ Employees (list each	one even if not com	pensated—see the i	nstru	ctions for Part IV)	
	Check if the organization used Schedule	O to respond to ar				<u> </u>	
		(b) Average hours per week devoted to position (Forms W-2/1099-MIS		(d) Health benefits,	,00 /0	on (a) Estimated amount of	
	(a) Name and title				yee (e) Estimated amount of other compensation		
		devoted to position	(if not paid, enter -0-)	deferred compensation	ກ		
Davi	d Rusch, President	<1					
		<u> </u>	0		0	0	
Sura	bhi Konkar, Secretary	<1					
] `'	0		0	0	
Tom	Fendley, Board Member	<1					
] `'	0	1	0	0	
Davi	d Rosenfeld, Executive Director						
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th		age (
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi				
			Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	,		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1	
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b			
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	,			
ь	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	✓	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	 38a			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		1,00	
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	, ,		1.5	
a b	Initiation fees and capital contributions included on line 9	·		, ,	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	3.5	<u> </u>	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	1,798 Ja	٠,	 	
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	•	* , }		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		,	t	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e			
41	List the states with which a copy of this return is filed ▶ California			 -	
42a		916-38	2-736	0	
L	Located at ► 5439 SE Raymond St. Portland, OR ZIP + 4 ►				
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓	
	If "Yes," enter the name of the foreign country:	ł			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c	L	✓	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	► □ n/a	
44~	Did the appropriate analytic and day of the test of the second of the se		Yes	No	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√	
c	Did the organization receive any payments for indoor tanning services during the year?	44c		√	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1	

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								Yes	No	
		ne organization engage, directly or i						_]		
		ndidates for public office? If "Yes,"		, Part I	<u>· · · · · · · · · · · · · · · · · · · </u>	<u>· · · · · </u>	. 46	<u>: </u>	✓	
Part V	_ ,	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.		stions 47-49b and	d 52, and c	omplete th	e tables	for lin	es	
		Check if the organization used Sc	hedule O to respond	I to any question in	this Part V	<u>l</u> <u>.</u>	<u> </u>	<u> </u>	. 🗆	
							-	Yes	No	
3	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tay year? If "Yes," complete Schedule C, Part II					tax 47	,			
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
									-	
		"Yes," was the related organization a section 527 organization?								
		byees) who each received more that								
	(a) Name and title of each employee		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Heal contribution benefit plan	(d) Health benefits,		(e) Estimated amount of other compensation		
					 					
	_									
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			L	<u> </u>						
51 (Comp	number of other employees paid ovolete this table for the organization 000 of compensation from the organization from the organizati	's five highest compe	ensated independer	nt contracto	rs who eacl	h receive	d more	e than	
		Name and business address of each indepen-			vice (c) Co) Compens	ompensation		
						 				
				-						
				-		 				
d	Total	number of other independent contr	actors each receiving	over \$100,000 .	. •	<u></u>				
		he organization complete Sched eleted Schedule A	ule A? Note: All se	ection 501(c)(3) org	anizations	must attac	h a . ⊳∐ Y e	es 🗹	No	
		of penury, I declare that I have examined this d complete. Declaration of preparer other the					nowledge a	nd belief	, it is	
		1 / / / / / / / / / / / / / / / / / / /								
Sign Here		Signature of office Co. C.	nfeld, Exec	utive Direct	tor o	ate $4/3$	0/18	?		
	—Ь	Type or print name and title	Preparer's signature		Date	- - 	ı PTIN			
Paid Prepa	Trino Type proparer smalle					Check if self-employed				
Use C		Firm's name				irm's EIN ▶				
May the	e IRS	Firm's address ▶ discuss this return with the prepare	r shown above? See	instructions		hone no	► □ Ye	es 🗇	No	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2017 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

Inspection Name of the organization **Employer identification number** 811203907 Solar Rights Alliance Part III: What is the Organization's Primary Purpose? Bring solar owners and supporters together to defend the right to choose solar energy to power our homes and businesses.